

CLAIMS ONLY							Application Number <b>10/1708892</b>	Filing Date		
							Applicant(s)			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51			
2							52			
3							53			
4							54			
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44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	<b>3</b>						Total Indep			
Total Depend	<b>11</b>						Total Depend			
Total Claims	<b>14</b>						Total Claims			